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Fees pure the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005				Complete if Known				
				Application Number 10/712,196				
				Filing Date	Date November 13, 2003			
			L	First Named In	ventor Cha	Chang-Feng Wan		
Analisa et alaisea assa		- C 27 CED 4		Examiner Name Shouxiang Hu				
✓ Applicant claims sma	in entity status	3. See 37 CFR 1	1.21	Art Unit 2811				
TOTAL AMOUNT OF PA	YMENT (\$) 60.00) /	Attorney Docke	et No. JSF	02-0004		
METHOD OF PAYME	NT (check a	l that apply)						
Check ✓ Credit	Card	Money Order	None	Other (please identify):		
Deposit Account								
For the above-ider								
Charge fee(s) indicated b	elow		Char	se fee(s) indic	ated helow ex	cept for the filing fee	
Charge any	additional fee	e(s) or underpayn	nents of fee(s			•	copt for and aming too	
under 37 Cf	FR 1.16 and 1	.17	,	, Land	it any overpay			
VARNING: Information on the nformation and authorization			dit card infor	nation should n	ot be included	l on this form. P	rovide credit card	
FEE CALCULATION								
I. BASIC FILING, SEA	RCH. AND	EXAMINATION	N FEES					
,	FILING FEES SEAR			CH FEES EXAMINATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES						Small Entity	
Fee Description	(in alcodin - T) - i \				<u>Fee (\$)</u> 50	Fee (\$) 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	25 100	

i ee Description						
Each claim over 20 (including Reissues)						
Each independent claim over 3 (including Reissues)						
Multiple dependent claims						
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

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Total Claim	<u>s</u>	Extra Claims	Fee (\$)	Fee Paid	<u>(\$)</u>	Multiple Depe	ndent Claims
	20 or HP =	x		=	_	Fee (\$)	Fee Paid (\$)
HP = highest	number of tota	I claims paid for, if gre	eater than 20.				
Indep. Clain	<u>ns</u>	Extra Claims	Fee (\$)	Fee Paid	<u>(\$)</u>		
	- 3 or HP =	x		=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

Total Sheets Fee Paid (\$) (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 60.00 (petition for extension of time) Fees Paid (\$) 60.00

SUBMITTED BY					
Signature	1	and	Z	Registration No. (Attorney/Agent) 38,450	Telephone 202-607-4607
Name (Print/Type	James	S. Finn	1		Date February 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.